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DR. WEBBER'S ESSAY ON CEREBRO-SPINAL MENINGITIS.

[Continued from page 87.]

DURING the years 1813, 1814 and 1815, an epidemic occurred in Dublin, Ireland, and vicinity. It prevailed during most of the year, but worst in winter, and with a character somewhat different from that which it had during the rest of the year. Dr. Edward Percival gives an account of it. He says:—"The worst forms of typhus fever prevailed at an advanced period of the *winter*. Livid blotches, a dry tongue, dark and tenacious mucus on the gums and lips, muttering delirium, singultus and lethargy, were frequent symptoms. Peripneumonic distress attended at least the commencement of most of these cases. The hepatic viscus was also frequently engaged. But the peculiar seat of sanguineous congestion appeared to be the brain and its investing membranes.

"All ages, except-infancy, were liable to the fever, the duration of which, under the circumstances above described, seldom fell short of fourteen days and often exceeded seventeen. It proved more fatal than any other form of epidemic or contagious fever."

"In typhus, with subdelirium and comatose affection, the brain exhibited, on inspection, all the usual marks of vascular congestion. These were not less observable in cases more protracted. On removing the upper part of the cranium, blood was frequently effused. The vessels of the pia mater and plexus choroides were often turgid, and the capillaries occupied with blood; a glairy fluid, sometimes tinged with blood, was interposed between this membrane and the arachnoid tunic. More or less serous effusion was found in the ventricles. The substance of the brain was in some cases firmer, in others softer than natural. On dividing its substance, numerous bloody points usually presented themselves on the surface of the separated parts. No case of abscess of the brain occurred to my observation."

Either the lungs, pleura, liver, peritoneum or intestines were almost always diseased.

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He considered it contagious, though only slightly so.*

An account of a fever which prevailed in Italy and many parts of Germany during 1817, is given by Dr. John Bell. He says that it seems to have been imported into Italy several centuries previous, and sporadic cases appeared every year. "The premonitory symptoms of the disease are pain in the head, muscles and bones, especially in the loins and inferior extremities, want of appetite, little sleep, universal prostration of both physical and intellectual power.

"After the disease is completely formed, the patient suffers from an increased pain in the head, greatest over the eyebrows, watchfulness, involuntary shedding of tears, stillicidium from the nose, heat and pain of the fauces, violent thirst—the tongue moist, covered with a whitish-yellow crust, red at its edges, depraved taste, a sense of bitterness in the mouth, and weakness of stomach, with a desire to vomit—eyes inflamed and sparkling, cough and a troublesome sensation of tightness at the scrobiculus cordis, dry skin, a sense of burning heat attended with cold fits all over the surface of the body—pulse weak and quick, although sometimes full and vibrating, bowels constipated. The fever often presents itself with the character of an intermittent, but soon takes that of a remittent or continued fever. Most commonly, the patients are affected from beginning to end with a violent acute fever, though cases are related where the fever was scarcely perceptible. The physiognomy is of a wretched and desponding cast.

"Such was generally the first stage of the disease. In the second, that is from the fourth to the eleventh day, it became more aggravated—the pain in the head is augmented—some tension of the abdomen is felt, and, according to the particular viscus attacked, succeed either delirium or the symptoms of peripneumony and a sthenic affection of the liver and intestines, or of all the viscera at the same time. Delirium, the effect of cerebral inflammation, is often united to the inflammatory symptoms of the breast, and those of the liver and intestinal tube; the tongue is observed to be red at its apex, dry, and loaded at its base; the looks of the patient are languid and vibrating; the tongue and hands tremble; there is pain, or tinnitus aurium; the pulse is weaker and more frequent; the excretions are small at this time; petechial eruptions, muttering and delirium at night next succeed.

"As respects petechiæ, Palloni remarks that from the third to the seventh day red spots, pointed, irregular and slightly scabrous and elevated, and also petechial spots on the neck and shoulders, extend to the body."

They do not desquamate, are uniform in shape, and have no effect on the progress of the disease.

Appearances on dissection were, effusion into the thorax or abdomen of lymph; brain engorged, effusion between the dura and pia

* Transactions of Fellows of King's and Queen's College of Physicians, vol. i., 1817.

mater, sinuses full of blood, membranes adherent, substance of the brain softened.*

There is no account of any similar epidemic until 1823, when a disease appeared in the Milbank Penitentiary, near London, of which a good description is given by Dr. P. M. Latham, attending physician. The disease exhibited such various symptoms, and was in some respects so dissimilar to the varieties now observed, that a pretty full extract will be interesting.

In the autumn of 1822 the health of the prisoners began to decline. They became pale and languid, thin and feeble. Still, there was no manifest sign of any particular disease. In the beginning of February, 1823, Mr. Hutchinson reported some marks of scurvy in a few individuals. In the last fortnight of February, nearly fifty cases of diarrhœa and dysentery were admitted to the hospital, suspected to be scorbutic dysentery.

Dr. Latham entered on his duties March 1st, and found scurvy prevailing, complicated with diarrhœa and dysentery, and, on *post-mortem* examination, a state of the intestines was found resembling the state of the skin, viz., having ecchymotic spots of various sizes. It was found that the diet of the prisoners was very deficient in animal food, as only one and a quarter ounces of meat for each man and less for each woman, was allowed to make soup. More meat was allowed, and the health of the prisoners improved, and in a report made to Parliament April 5th it was so stated; but after that date the diarrhœa and dysentery returned. During the first part of the attack of scurvy, various degrees of nervous affection, as tremors, cramps, spasms and mental despondency, were noticed, and attributed to constitutional debility. It was not long, however, before the nervous symptoms became more marked; and a man, 31 years old, suffering from cramp and diarrhœa, died suddenly apoplectic. On examination, the vessels of the brain were found slightly turgid, and a few spots of ecchymosis on the intestines were observed.

The bowel complaints were peculiar in their nature. "There was every degree and species of flux that was ever seen or described, resembling cholera, dysentery and common light diarrhœa, and there were cases entirely different from either. In the evacuations there appeared nothing that had any visible quality of feces, bile, blood, or mucus; they consisted, sometimes, of a mass, like green or black grapes in a state of fermentation; sometimes a matter like yeast; sometimes they were in color and consistence like half-slaked lime, when it is beginning to crumble, and sometimes like a thin mixture of chalk and water, and always intolerably sour and offensive, and in enormous quantity." With this diarrhœa there were still more marked cerebral symptoms. "There were several cases of phrenitis. To sudden and acute pain in the head, were added vertigo, confusion of intellect, twitching of the tendons, *strabismus*, dilated pupils—and,

* Philadelphia Journal of Medical and Physical Science, vol. i.

lastly, distortion of the mouth and hemiplegia." That the bowel complaint and the nervous disorder were due to the same morbid agency, is proved by the fact that they were coincident and occurred together in the Penitentiary, and the same person was affected by both, and the same remedies were beneficial in relieving both.

The accession was sudden in both the bowel complaint and the nervous disorder, when one was not accompanied with the other; and the premonitory symptoms, when occurring, were very similar. The fever attending both was very moderate. One symptom, which gives it a strong resemblance to spotted fever, or cerebro-spinal meningitis, as described by Dr. Miner, is a terrible "sinking at the pit of the stomach. What this sinking is, those only know who have suffered it. All patients speak of it by the same name, but do not describe it further. I suspected it to consist of a certain degree of actual pain, combined with a feeling which is akin to approaching syncope, and spreads from the stomach, as from a centre, over the whole frame. It is a painful and overpowering sensation, as if animal life itself was hurt and lessened."

When any morbid appearances were found after death in the brain, there was some degree of vascular fulness of the brain and also of the membranes, and some serous effusion between the latter and into the ventricles.

Dr. Latham did not consider that the disease was contagious.*

During the winter of 1829-30, this disease prevailed among the galley slaves confined at Toulon, of which a very interesting account is given by M. Fleury. The symptoms were essentially the same as those which we see at the present day, and the changes of structure revealed by the *post-mortem* appearances were likewise similar, consisting in congestion of the meninges, serous infiltration and exudation into the ventricles, the sub-arachnoid space and the spinal canal; congestion of the lungs approaching gray hepatization. The abdomen exhibited also the familiar appearances of cerebro-spinal meningitis.

In 1832, during the winter months, an epidemic pneumonia appeared at Aubin (Aveyron) similar to the same disease which appeared in New York in 1813-15, and which is only another form of cerebro-spinal meningitis, as will be seen when the nature of that epidemic is considered.†

In the same year, Grenoble was again visited by an epidemic similar to that of 1814.‡

In the London *Lancet* for June 10th, 1837, is an account of the spotted fever, which was attended with pneumonic and throat symptoms; there were slight rigors, or they might be absent; malaise, pain in the bones. Next day there was acute pain, commonly in the

* Reviewed in Johnson's Med.-Chir. Review, July, 1825.

† Monthly Journal of Med.-Chir. Knowledge.

‡ Boudin in Arch. Gen. de Med., Avr., 1849.

side, sometimes in the præcordial region, rarely in the epigastrium, darting thence to the shoulder-blades and the intervening space. There were sounds of pleurisy, with pneumonic symptoms. Head-ache existed, frontal, occipital, or general; but it was often absent. There was not, usually, lumbar pain. Sore throat, with redness of the fauces, was often found, though sometimes it was very slight. The face and upper part of the thorax were frequently flushed. There was restlessness; and the bowels were not freely opened, though without pain or tenderness. The patients numbered thirty-eight. The rate of mortality and *post-mortem* appearances are not given.

In another journal, however, this deficiency is partially supplied. In the London *Medical Gazette*, vol. xx., is an account of the disease by Dr. John Wilson, in which the lesions in three cases are given. In two, the body was covered with port-wine-like stains or spots; the blood was fluid and dark in all. In two, the lungs were gorged; in one, there was extensive extravasation of blood into the pelvis behind the peritoneum. In one, he found a large quantity of clear fluid in both lateral ventricles of the brain. These cases occurred in April, May and June, 1837.

The following year, 1838, during the month of February, the same disease was observed, and an account of it is given by Dr. John Burns.

In the *British and Foreign Medico-Chirurgical Review*, vol. xxiii., is a review of a paper by Casimir Broussais on an epidemic of cerebro-spinal meningitis which prevailed among the different garrisons in France from 1837 to 1842.

"It commenced at Bayonne in 1837 among the military, and soon spread into Les Landes, many cases occurring among the inhabitants of the communes surrounding Dax. Thence it extended to Bordeaux, and in the same year to La Rochelle, in both of which places it was confined to the garrison. It then suddenly appeared at Versailles and St. Cloud, where it raged from 1839 to 1842. From Versailles it spread eastward to Caen and Cherbourg in 1840 and '41; westward to Metz, Strasbourg, Nancy, Château Gonthier, Tours, Blois and Joigny, and finally appeared in the neighborhood of Rambouillet. From La Rochelle it reached Poitiers in 1840, L'Orient in 1841, and Ancenis and Nantes in 1841 and '42. In all these places the disease was chiefly confined to the military.

"But while it thus extended in a northerly direction, it also spread among the garrisons to the west of Bayonne, appearing in 1837 at Narbonne and Foix, in 1838 at Toulon, and in 1839 at Nîmes. It prevailed at Avignon in the winter of 1839-40, and again in the following year; at Montbrison in 1840; and at Lyons in the winter of 1841-42. It appeared also at Perpignan in the winter of 1840-41, and the following year at Aignes Mortes.

"The progress of the epidemic was not marked by regularity, nor

did it pursue a steady course from one garrison to another. Occasionally it appeared at a distant point, from which it sometimes returned to places it had passed over, while at other times it remained stationary for a considerable period. In some garrisons the disease did not prevail as an epidemic, but merely a few sporadic cases occurred; in others it appeared to become naturalized and to take an endemic character.

"The disease, as has already been stated, was confined chiefly to the military, but in a few instances extended its ravages also to the civil population; for instance, at Strasbourg in 1841."

Selestat (Bas Rhine) in 1839 was visited by this disease, which seemed to have been introduced by a body of soldiers who had been formerly stationed at Strasbourg, where the disease prevailed. Soon after their arrival, some of the corps were attacked, and then it appeared in the neighborhood of their barracks and afterwards extended to the interior of the city.*

Such is a brief account of the progress of the disease in France during those years. Other countries were also visited by the scourge, as Caivano (Naples) in 1837. Here the principal symptoms were frontal headache, with injection of the conjunctivæ, which was a constant and pathognomonic symptom; general articular pains; loss of appetite, but great thirst; tongue dry, covered with a yellowish coating, and sometimes dark; delirium; subsultus tendinum; constipation; slight increase in the heat of the skin; the pulse small, rapid and hard; petechial eruption over the skin on the seventh or eighth day of the disease; alvine dejections, accompanied with lumbricoides; typhoidal symptoms when the eruption appeared early.

Dr. Orofino noticed that the disease ran through regular periods and sometimes terminated by sweats. He considered the critical days to be the fourteenth, the seventeenth, and rarely the twenty-first.†

Various districts in the kingdom of Naples were invaded in the winter and spring of 1840. The disease made its appearance differently in different cases. In some persons the first symptom was a sense of formication, beginning at the feet and extending over the whole body; others suffered from general uneasiness, pain in the head and neck, particularly in the cervical and dorsal region, attended with difficulty on stooping forward or bending the neck. Sometimes the disease was ushered in by an apoplectic seizure, with loss of speech and consciousness, lasting for some hours, and followed by a kind of febrile reaction. Other persons fell down in convulsions, with trismus, the neck being drawn forcibly backward, the whole trunk rigid, spasms of the extremities and efforts to vomit, sometimes without anything being rejected, while at other times the patient would throw up some lumbrici.

* Encyclographie des Sciences Med., 1841, t. vi.

† Rev. Med., t. lxvi., 1838.

"The stage of reaction was accompanied with fever, a hard, quick and frequent pulse, cephalalgia and a painful sense of retraction of the head; the pain in the head increasing in severity, affecting principally the occiput and extending to the neck and along the spine. In some instances the pain in the spine was dreadfully severe, and the sacrum was referred to as the seat of the greatest suffering. When very violent the pain was followed by opisthotonos so complete as to bend the spine into the form of the Roman S. Trismus, difficult deglutition, with disinclination for all drinks, subsultus, a tremulous state of the limbs, existed in the severest cases. The tongue was dry, the teeth were coated with sordes, the patient could scarcely speak. The bowels were costive, and lumbrici were voided by stool, or crept out of the mouth."

On *post-mortem* examination the vessels of the meninges of the brain were found much congested; the thoracic viscera also engorged; the blood dark and liquid, with similar changes in the abdomen.*

In 1840, and again in 1845, Douéra in Algeria was visited by an epidemic in many respects resembling the disease under consideration; it prevailed especially during February and April, 1845.†

In France this disease prevailed more or less in some of the departments from 1843 to 1849. In 1843, in the department of Seine et Marne, and one case is recorded which was observed at Paris; in 1844 in the Haute Loire, and also one case at Paris; in 1847, at Val de Grâce, Avignon and Orleans; again at Orleans in 1848 and also at Versailles, Petit Bourg, Luneville, and Dijon; in 1849, at Val de Grâce again.

It is hardly necessary to give the accounts of each of these epidemics as related by various authors. An abstract of the symptoms and *post-mortem* appearances as described by M. Valleix in his *Guide du Médecin Praticien* will be sufficient to show the identity of the disease with what we now call cerebro-spinal meningitis.

Precursory symptoms were more frequent than in the late epidemic in this country, existing in nearly half the cases, according to M. Tourdes; they were cephalalgia, chills, nausea, and vomiting, pain in the spine and limbs, vertigo, malaise, diarrhoea, delirium, trembling, feverishness; though M. Valleix thinks that most of these ought to be considered not as precursory symptoms, but as phenomena of the settled disease.

Cephalalgia was a constant symptom, sometimes preceding all others and persisting to the end of the attack. It was generally very severe, occupying the forehead usually, becoming more severe towards evening. Pain in the spine was not so constant as the headache, though very frequently seen, especially in the cervical region. The pain extended to the extremities, and there was increase of cu-

* Med. Examiner, N. S., vol. i., 1842, Rev. of account by Prof. de Kenzi.

† Dr. Magall in Rec. de Mem. de Méd., de Chir. et de Phar. Mil., t. lix.

taneous sensibility. The pupils were generally dilated, sometimes contracted; the sight was occasionally lost; the eyes were inflamed. Deafness or abnormal sounds were observed. There was trismus, and cramps of the legs and thighs. M. Forget observed a trembling similar to that of delirium tremens. Paralysis was not common, and was observed only at a late stage of the disease. A delirium almost always existed, sometimes very violent, but usually easy enough to overcome momentarily by questioning. The delirium finally changed to coma. There were nausea and vomiting, loss of appetite, great thirst and constipation, succeeded by diarrhoea; the stools were frequently involuntary. Petechial eruptions occurred, and also herpes labialis.

"Je ne peux m'empêcher de joindre à cette description détaillée un tableau succinct de la maladie tracé par M. Tourdes, parce qu'il résume parfaitement tout ce qui vient d'être dit.

"*Tableau de la maladie.* 'La maladie débute, dit cet auteur, par une céphalalgie cruelle accompagnée de vertiges, de nausées et de vomissements. La douleur se propage à la nuque et au rachis; elle envahit les extrémités, les idées s'égarent, la connaissance se perd; le malade est en proie à une agitation convulsive; la tête est renversée en arrière; la face, rouge ou pâle, offre l'expression de la douleur; la température de la peau est normale ou diminuée; le pouls naturel ou ralenti. Cet état dure jusqu'au troisième jour, époque à laquelle se développent l'éruption labiale, les pétéchies, les taches lenticulaires et les épistaxis; l'urine devient abondante et sédimenteuse, la constipation est opiniâtre.

"Bientôt la connaissance reparaît, et avec elle le sentiment des douleurs. Une amélioration légère se manifeste; elle fait naître des espérances qui se réalisent rarement. Les phénomènes cérébraux et rachidiens reprennent leur acuité; la réaction fébrile s'allume, la langue jaunit, rougit et se sèche. La diarrhée succède à la constipation. Tantôt les symptômes nerveux conservent leur violence jusqu'au dernier moment, tantôt ils se calment et persistent opiniâtrement avec une intensité moyenne. Leur marche est entrecoupée des remissions et d'exacerbations. La faiblesse et l'amaigrissement font d'effrayants progrès. La réaction fébrile revêt une forme typhoïde ou hectique, et le malade expire dans le marasme après une tranquille agonie.

"Si l'issue doit être heureuse, les accidents ne se calment qu'avec lenteur. Une longue et périlleuse convalescence précède le rétablissement de la santé."

The duration was sometimes very short, a few hours; at other times very long, eighty or a hundred days before death. When recovery took place, convalescence was long and tedious. The mean duration of fatal cases was fifteen days, of recovery twenty-five days. The disease was usually fatal.

The anatomical lesions were injection of the membranes, deposit

of lymph and formation of pus in various portions of the encephalon and spinal canal, occasionally also softening of the cerebral substance or the cord. In the intestines Peyer's patches were sometimes abnormally prominent, and there were slight traces of inflammation.

At Versailles, lumbricoides were found in almost every case, and were considered as one of the pathognomonic symptoms, but at Strasbourg and other places they were wanting.

M. Lefèvre believed that he found in the muscles a peculiar nauseous odor, entirely *sui generis*.

[To be continued.]

AM IMPROVEMENT IN THE FORM OF PROBES FOR THE LACHRYMAL PASSAGES.

[Read before the Boston Society for Medical Improvement, July 9th, 1866, and communicated for the Boston Medical and Surgical Journal.]

By HENRY W. WILLIAMS, M.D., Ophthalmic Surgeon of the City Hospital, Boston.

As is well known to the profession, great advance has been made, of late years, in the treatment of affections of the lachrymal passages. It is now rarely allowable, in inflammation of the sac, to permit of its going on to the formation of an abscess requiring vent by either a spontaneous opening or the use of a lancet; for the distended sac may be evacuated, at any stage of the inflammation, by the introduction of a fine probe through one of the natural orifices, thus bringing the lachrymal canal into a straight line and allowing the escape of the contents of the sac. So, also, in obstructions of the nasal duct, the canula and the style have been wholly superseded by the use of probes of larger and larger calibre—one of the puncta being slit open for a short distance to allow their passage into the sac and thence through the ductus ad nasum.

It has been customary to bend Bowman's probes to such a curve as to adapt them to the presumed direction of the nasal duct in each individual; but I have seen false passages formed where undue violence had been employed in their use—and, at best, the mucous lining of the sac or canal was often torn or abraded by the unyielding extremity of the probe, causing considerable hæmorrhage and giving rise to irritation which retarded the cure.

I have found great advantage in using probes made with bulbous extremities of the six sizes of Bowman's scale, but very slender for some distance from their ends; so that the whole of that part of the instrument, without being unduly flexible, has an elastic pliability, enabling it to adapt itself to any sinuosities of the passage, and to find a route through the obstructions without laceration or contusion of the parts.

Bibliographical Notices.

The Restorative Treatment of Pneumonia. By JOHN HUGHES BENNETT, M.D., F.R.S.E., Professor of the Institutes of Medicine, and Senior Professor of Clinical Medicine in the University of Edinburgh, &c. &c. Third Edition. Edinburgh: Adam and Charles Black. 1866. 8vo., pamphlet. Pp. 110.

THE object of the author in this pamphlet is the commendable one of presenting to the medical profession in the fairest manner the result of his method of treatment of pneumonia, in the hope of leading them to adopt it in preference to other methods. This plan is the restorative one, which the author sets forth in the following extract:—

"If the resolution of a pneumonia simply consisted of a retrograde process—of a so-called necrosis of the exudation—an antiphlogistic practice, by favoring it, might be expected to relieve the lung rapidly and cure the disease. But my conviction, that such removal was dependent upon vital processes of growth, led me to an opposite treatment, viz., never to attempt cutting the disease short, or to weaken the pulse and vital powers, but on the contrary to further the necessary changes which the exudation must undergo in order to be fully excreted from the economy. To this end, during the period of febrile excitement I content myself with giving salines [by which the author means small doses of the acetate of ammonia, with $\frac{1}{2}$ of a grain of tartar emetic] in small doses, with a view of diminishing the viscosity of the blood. At the commencement of the treatment I order as much beef-tea, milk, and other nutrients as can be taken, and as soon as the pulse becomes soft, solid food, and from four to eight ounces of wine daily. As the period of crisis approaches I give a diuretic, consisting of half a drachm of nitric ether, and sometimes ten minims of colchicum wine, three times daily, to favor the excretion of urates. But if crisis occurs by sweat or stool, I take care not to check it in any way. I do not consider that the salines and diuretics do more than assist the natural progress of the disease. The essential part of the treatment consists in the rest, nourishment and support given to the body throughout."

This method gives the surprising result among all the cases of acute pneumonia, complicated and uncomplicated, treated by the author in the Royal Infirmary with which he is connected, of only 1 death in 32½ cases; while of the cases of uncomplicated pneumonia, 105 in number, not one died.

Dr. Bennett goes on to contrast this remarkable result with the results of treatment by bleeding, large doses of tartar emetic, the expectant or dietetic treatment, mixed treatment, treatment by iron and copper, and by stimulants; showing a mortality ranging from 1 in 18 up to 1 in 3½ cases. He sums up his conclusions in the following results, which he claims to have distinctly proved:—

"1. That an extreme antiphlogistic treatment has always been attended with a large mortality, amounting to 1 death in 3 cases; but that when modified in various ways—that is, by diminishing the amount of lowering remedies, selecting cases, or by the cases being

those of young and vigorous subjects—the mortality varies from 1 death in $4\frac{1}{2}$ to 1 death in 13 cases.

"2. That when one half the cases are those of children, or persons below twenty years of age, and the lowering treatment slight, the mortality diminishes to 1 death in 28 cases.

"3. That a treatment by large doses of tartar emetic has been accompanied by a mortality varying from 1 death in $4\frac{1}{2}$ to 1 death in $9\frac{1}{2}$ cases.

"4. That a dietetic or expectant treatment has been followed by a mortality varying from 1 death in $7\frac{1}{4}$ to 1 death in 10.9 cases. In children, according to Barthez, the mortality is almost *nil*.

"5. That the results of a mixed treatment, in which various remedies have been employed, according to the nature of the case and the stage of the disease, are a mortality varying from 1 death in $3\frac{1}{2}$ to 1 death in $13\frac{3}{4}$ cases.

"6. That a tonic treatment with iron and copper, according to Kissel, was attended with a mortality of 1 death in 22 cases.

"7. That a treatment by stimulants, according to Todd, was followed by a mortality of 1 death in 9 cases.

"8. That the restorative treatment of the author having been attended, in the worst point of view, by a mortality of only 1 death in $32\frac{1}{2}$ cases, is the most satisfactory yet published. But when it is considered that the four deaths resulted from pathological complications unconnected with the pneumonia, this treatment may be said to render the mortality in true cases of pneumonia *nil*.

"9. That 105 uncomplicated cases, occurring consecutively in the clinical wards of the Royal Infirmary when under my care, during a period of sixteen years, should all have recovered, is a fact which can only be ascribed to the nature of the treatment, as is shown by contrasting the results of that treatment with those of a lowering, expectant, mixed, or specific practice.

"10. That just in proportion as other treatments approach the restorative principle, and avoid lowering the system, so much the greater is their success. It will further be observed that even where a direct lowering practice has been avoided, if the diet has been restricted, or opium largely given, or digitalis, alcohol, or other drug, tending to weaken the system and diminish appetite employed, no great advantage has been arrived at. So that—

"11. The variations which appear to follow the same treatment by different physicians are explicable by the amount of weakness in the patient, or circumstances in the treatment causing weakness, such as low diet, bleeding, tartar emetic, narcotics, &c. &c. It follows that supporting and restoring (not stimulating) the nutritive powers of the system, and avoiding all weakening remedies, ought to constitute the practice in pneumonia."

Dr. Bennett also gives an account of the pathology of pneumonia, answers in detail the various objections which have been urged to his method of treatment, gives a table of 129 cases treated consecutively in the Royal Infirmary, in which all the important points in the history and management are given in each, and adds an Appendix of twelve specimen cases written out in detail, illustrating his manner of adapting his remedies in the individual instances. The author deserves the

thanks of the medical profession and of the community at large for his lucid and logical exposition of the superiority of his mode of treating this severe disease. We think that he will find not a few, in our most enlightened communities, however, who will recognize in his system a codification, as it were, of the instinctive principles which of late years have brought them more or less near to his plan in their treatment of these cases. We certainly can testify from our own experience to the happy results of a treatment of a very similar character.

Why Not? A Book for every Woman. The Prize Essay to which the American Medical Association awarded the Gold Medal for 1865. By HORATIO ROBINSON STORER, M.D., Assistant in Obstetrics and Medical Jurisprudence in Harvard University, &c. &c. Boston: Lee & Shepard. 1866. 16mo. Pp. 91.

This little book sets forth in earnest and forcible language the many evils of induced abortion. It explains the true nature of this two-fold offence, exposes its dangers to the health and even the life of the mother, and combats the various arguments and pretexts by which it is defended or excused. Although the impression has become quite general that this crime is of very common occurrence in the community, we cannot believe it to be so general as some, whose special practice is the most likely to bring them into cognizance of it, are led to believe. However this may be, it is nevertheless certain that the moral and physical evils which it entails can hardly be exaggerated; and nothing said in condemnation of it, or for the purpose of enlightening and warning those who, in ignorance of its serious consequences, may be tempted to practise it, can be supererogatory. To accomplish this object Dr. Storer's essay must serve an excellent purpose; although we greatly fear that those for whose special warning it is intended will too often turn a deaf ear to his appeal, preferring to be guided by the assurance of impunity from those by whose advice they are tempted to its commission. We could have wished that the title had been more in keeping with the professional subject of the book. It will be likely to excite curiosity among those who are too young to need to have the subject presented to their minds; and who, in our estimation, had better not know anything of such things until maturity of years or the marriage relation has drawn aside the veil with which we should prefer to keep them enshrouded.

Materia Medica; for the Use of Students. By JOHN B. BIDDLE, M.D., Professor of Materia Medica and General Therapeutics in Jefferson Medical College, Member of the American Philosophical Society, Fellow of the College of Physicians, &c. &c. With Illustrations. 8vo. Pp. 359. Philadelphia: Lindsay & Blakiston.

This is the second edition of the author's well-known *Review of Materia Medica*, revised and enlarged and adapted to the last edition of the United States Pharmacopœia. It is designed principally as a text-book for medical students, but will be found of use by practitioners of medicine as well, giving as it does, in a concise form, the most important facts concerning the principal articles of the *Materia*

Medica commonly employed in this country. We have opened its pages in many places, and find that the remedies of most recent introduction and the new applications of articles long known are faithfully recorded. The book is printed on large type, the wood-cuts are quite respectable, giving in general a very good idea of the plants figured, and as a whole we think it is calculated to serve a very useful purpose. A very copious index is appended to it.

Descriptive Catalogue of Fluid and Solid Extracts in Vacuo; also Concentrations and Officinal Pills. Prepared by Henry Thayer & Co. With Formulas and Receipts. Cambridgeport. 1866.

Most physicians of late years, as a matter of convenience, have made more or less use in their practice of the fluid extracts. The advantages which they present, of uniformity of strength, durability and concentration, commend them strongly to both practitioner and patient. We have been in the habit of prescribing those by Messrs. Thayer & Co., and can testify from personal experience to their general reliability. Any one employing them, however, needs a catalogue of these preparations, and we have carried for years in the pocket of our Visiting List a little pamphlet of this description. The elegant volume before us gives a more extended account of the fluid extracts of Messrs. Thayer, with directions for preparing the various preparations from them which druggists may require, such as tinctures, infusions and the like. A catalogue of a variety of sugar-coated pills prepared by the same manufacturers is added, also a full dose-list of their fluid extracts; and a complete index finishes this elegant duodecimo volume of 218 pages. It is printed on tinted paper, by Messrs. Rand & Avery, of Boston, in the highest style of art. Physicians will find it a very great convenience.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, AUGUST 30, 1866.

CENSORIAL DUTIES—MEDICAL EDUCATION.

SUMMER vacations are nearly gone, and physicians and students are returning to the long season of work before them refreshed, we trust, by this interval of rest, however brief it may have been to the former. Students, too, are finding that their course of studies is extending year by year, and that four months of attendance upon lectures and eight of independent study no longer answer the requirements of a first rate medical education. Indeed, it will not be long, we hope, before there shall be no distinction between the so-called summer session and the winter term, and three years of constant attendance at some regular school shall alone entitle to an examination for the degree of Doctor of Medicine. A longer curriculum than this, extending over at least four years, as recommended in the recent admirable address of Dr. Shattuck before the State Medical Society and by the Committee on Medical Education of the American Medical Association, would

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of course be better, and is as necessary to the acquirement of a thorough scientific training here as in European States ; but with our present system of licensing bodies and independent schools it could only be introduced by universal adoption. Not until the profession throughout the country shall awake to the deplorable deficiencies of our present system and shall insist upon the establishment of some uniform standard, either through the general government or our National Association, can medicine in America raise itself to a level with that of foreign countries, or even with other branches of learning at home.

Very little can be accomplished in this direction by any one school, however desirous its government may be of reform ; for any unusual severity in its examinations or length of study required would turn its students to other and easier places and prove its own ruin. How, for instance, would the cause of medical education be advanced if Harvard University, always foremost in such efforts, should refuse a degree until after four years' study under its own instructors, while the Medical Department of Yale College continues to confer the same right to practise upon any graduate of a college at the end of two years only, and issues a circular containing such a statement as this : " Experience has shown that a large proportion of the whole field of medical investigation, embracing most of the important topics, can be comprised in a single course of lectures, by avoiding that extreme variety of subjects and minuteness of detail, which are so apt to confuse and oppress the mind of the learner, and render the knowledge acquired superficial and vague, rather than clear, definite and well fixed." When an institution of this rank so lowers the tone of scientific study, what can we expect of the great number of private schools all over the country licensed to make doctors by State legislatures ? Something can be done in the opposite direction by filling up the three years with instruction, increasing the facilities for clinical observation and by special teaching, and a few schools have already largely increased their ranks and usefulness by such means.

In the absence of a general and central power to control the selfish and money-making spirit of some schools and to equalize and elevate the standard of medical education in all, it is evident that the profession must for the present protect itself. Fortunately we are able to do so in this State, at least to a considerable extent. If Yale College changes a boy into a physician after two years of study, the Massachusetts Medical Society can refuse to recognize him as such, just as she prevented Harvard University from shortening her curriculum four months. In the same way we can do much to raise the character of our body and compel the schools to adopt a higher system of requirements by a more rigorous examination at the board of censors. There is no doubt that students are sometimes allowed to pass at every medical school in the country who are not properly fitted to practise medicine, and that the examinations for degrees are by no means so severe as they should be, for fear that the popularity of the school may suffer. This cannot be avoided, we fear, even in the very best schools, so long as professors look to the sale of tickets for remuneration. Certainly many graduates present themselves for admission to our State Society who ought never to have received a degree, and who, in the judgment of one board of censors at least, should not be received by the Society. That every person offering himself for membership

should be thoroughly examined in the present state of the Schools, no physician who cares for the standing of his profession can doubt, nor should any exceptions be made in favor of any set of graduates; all should be placed upon the same footing. It is very desirable, however, that a uniform system of examination throughout the State should be adopted, and that more definite instructions on these points should be given to the boards of censors, for it is evident that great inequality must prevail, according to the individual opinions of these officers at different periods and localities, and that a candidate might fail in one district and easily pass in another. We believe it would be still better for the interests of the profession if a properly selected State board of examiners were appointed, as in Great Britain, by whom all candidates should be examined, and who should report upon the training of students from the various schools. In this way a powerful and beneficial control would be indirectly established over licensing bodies, and fewer unfitted students would receive the degree of doctor of medicine.

A communication touching upon this matter was presented to the Council at the annual meeting of the State Society, and other representations are to be laid before this body, we believe. We trust it will receive the careful consideration its important nature demands.

Death of Dr. Nathan Hayward. Messrs. Editors,—Dr. Nathan Hayward, of this city, late of Roxbury, Mass., died of cholera on Friday evening, 17th inst., aged 35 years.

He had been unwell for several days with the usual premonitory diarrhœa, but continued to perform his professional duties up to the hour of the fatal seizure on Wednesday night. Late Wednesday evening he visited a patient with cholera at some distance from his office, and was himself attacked while on his way home. Although but a few months a resident of St. Louis, he had laid the foundation of a career of very varied and extended usefulness, while the void left by his sudden death has revealed to his many new friends how important a place he already filled in their affections.

The *St. Louis Democrat* contains the following notice of Dr. Hayward, by a non-professional friend :—

“The funeral of Dr. Nathan Hayward, an esteemed member of the medical profession in our city, who died on Friday night last of cholera—a martyr to his sense of professional duty—took place yesterday afternoon, from Dr. Eliot’s church, on Olive Street, to Bellefontaine cemetery. Dr. Hayward was known to the profession and to a large class of our leading citizens, to whom he had greatly endeared himself during his brief residence among us by his many most estimable and noble traits of character. He was a profound thinker, thoroughly posted in modern systems of philosophy, and had recently been elected a member of the Philosophical Society of St. Louis, where he was beginning to wield the influence of an honest and potent intellect, and of a culture the fruit of which was seen in the nobility of his personal character. He was not, however, an idolator of intellect, but found his greatest happiness in practical enterprises of a benevolent character, looking to the elevation of the poorer and humbler classes of society, and the good of his fellow men. As a physician, he had laid

the foundation of great usefulness, and gave promise of great success. Dr. Hayward formerly resided in Boston, whence he came to this city at the close of the war, during which he served his country with fidelity as surgeon of the 20th Massachusetts infantry. He died in the thirty-sixth year of his age, the death of a brave and righteous man."

St. Louis, August 20th, 1866.

J. G.

Fourteenth Annual Meeting of the American Pharmaceutical Association.—The fourteenth annual meeting of this Association took place on the afternoon of August 22d, in the Supreme Court Room, in the city of Detroit, Mich., the President, Henry W. Lincoln, of Boston, in the chair. A very large number of delegates were present, representing nearly all the pharmaceutical associations and colleges in the United States and the Canadas. A large number of persons, residing mainly in the Western States, were proposed and elected members of the Association.

The reports of the Recording Secretary and the Executive Committee were presented by Prof. John L. Maisch, of Philadelphia.

The day's proceedings were confined to the transaction of unfinished business laid over from the last session, the adoption of various amendments to the constitution of the Association, and the discussion of various matters pertaining to the regulation and interest of the Association, which are of little or no importance to the public.

The President, Henry W. Lincoln, of Boston, presented his annual report, showing the Association to be in a highly prosperous condition and largely increasing in numbers.

The report contained many suggestions and statements of great interest, not only to the pharmaceutical profession but to the public at large, which will be noticed at length when the committee to which it was referred to consider them and report what action is necessary with regard to them, present them for the final disposal of the Association.

A large number of invitations were received to visit places of interest in the city and vicinity, which were accepted, and the thanks of the Association returned therefor.

A committee, consisting of one delegate from each pharmaceutical association and college represented in the Association, was appointed to nominate officers for the ensuing year, after which the convention adjourned to the next morning at nine o'clock.

Nearly all of the delegates present are at the Russell House, and this evening the pharmacutists of this city visit them in a body to welcome them to Detroit, and the evening will be spent in social intercourse.

SECOND DAY.—The convention met this morning, according to adjournment, at nine o'clock.

The committee appointed to nominate officers for the ensuing year, nominated the following gentlemen, who were unanimously elected:—*President*, Frederick Stearns, of Detroit. *Vice Presidents*, Prof. Edward Parish, of Philadelphia; E. H. Sargent, of Chicago; Geo. W. Shedden, of New York. *Treasurer*, Charles A. Tufts, of Dover. *Permanent Secretary*, Prof. John M. Maisch, of Philadelphia.

The various standing committees provided for in the constitution were also appointed.

Mr. Stearns, on being conducted to the chair, thanked the Association for the honor conferred upon him, and in behalf of the druggists and pharmacutists of Detroit officially welcomed the Association to that city.

On motion of Dr. E. R. Squibb, of Brooklyn, the thanks of the Association were returned to the retiring officers for the ability and faithfulness with which they had discharged their duties.

The committee appointed to prepare a list of scientific queries to be investigated and reported upon at the meeting in 1867, presented, through Prof. William Procter, of Philadelphia, a list of twenty-seven queries, which were adopted and referred for publication.

Dr. E. R. Squibb, from the Permanent Committee on the Pharmacopœia, presented a criticism on the process of the Pharmacopœia for obtaining fluid extract of buchu, and a new and improved method of producing this extract.

A paper on "Pharmaceutical Business—its management," was presented by the President, Mr. Stearns, of Detroit.

Other papers and essays were read by Mr. Geo. C. Close of Brooklyn, Prof. William Procter of Philadelphia, Edward C. Jones, A. E. Eibert of Chicago, Thomas Doliber of Boston, and Dr. W. H. Pile of Philadelphia.

In the afternoon, the convention was called to order at 3 o'clock.

Dr. E. R. Squibb, of Brooklyn, presented the report of the Committee on the Internal Revenue Law. At the last annual session a committee of five was appointed to take into consideration the whole subject of the internal revenue law in its relations to the objects of the American Pharmaceutical Association, with special reference to the alcohol question, with authority to confer with the Committee of Ways and Means of Congress and the Commissioner of Internal Revenue, said committee to report at this meeting of the Association.

In accordance with this resolution, a communication was addressed to Hon. David A. Wells, Chairman of the Commission on Internal Revenue, notifying him of the appointment of the Committee, and tendering its assistance in any way, pertaining to the revenue law in its relations to the pharmacutists and druggists, that the Commission might desire. Being engaged upon a revision of the revenue law, the offer of the Committee was gladly accepted by the Commission, and the Committee was invited to a full and free discussion of the subject. Various interviews and a lengthy correspondence took place between the Committee and the Commission, and the whole subject was elaborately and critically examined. The labors of the Committee were mainly directed to procure a removal of the duty on alcohol when dispensed by apothecaries as medicine and when used in the manufacture of medicines according to a recognized dispensatory, and, secondly, to either reduce the duty on the manufacture of such medicines or increase it upon patent medicines. Various arguments were offered in support of these propositions, and a rough draft was made of such a law as in the opinion of those represented by the Association would be most beneficial to the trade and the public, and also result in an increased revenue. In regard to the first point, the Commission agreed with the Committee that alcohol for medicines

made according to a formula contained in any standard dispensatory should be exempt from duty, and recommended to Congress a modification of the law in this respect. This proposition was defeated in Congress. On the second point, the Commission recommended the changes asked for by the Committee, and they were incorporated into the law, making the tax bear more heavily upon patent and proprietary medicines than upon standard medicines.

The report was very elaborate, and included a detailed statement of the correspondence and interviews between the Committee and the Commission.

The following resolution, appended to the report, was passed :—

Resolved, That the President of the American Pharmaceutical Association be directed to express the thanks of the Association to the Internal Revenue Commissioners for the years 1865 and 1866, for the favorable attention given to the interests and desires of the Association as evinced in the internal revenue law.

The convention also tendered a vote of thanks to the Committee. After the reading of several scientific papers, the convention adjourned.
—*Daily Advertiser*.

Cholera on Blackwell's Island.—The following account of the epidemic in this locality, by Prof. Hamilton, will be read with interest.

No. 64 MADISON AVENUE,
NEW YORK, Friday, Aug. 10, 1866. }

E. Harris, M.D., Corresponding Secretary, M. B. H. :

SIR : The first case of cholera occurred in the Workhouse on the 28th of July ; the last case on the 6th of August. The epidemic continued, therefore, nine days, during which period, of about 800 inmates, 123 died. I do not mention one case reported on the 8th of August, because, as I understand, the person was admitted only the night before ; I do not think the disease was contracted in the Workhouse.

You know the building very well. It is admirably constructed for the purposes for which it is designed, and, so far as my observation extends, it is always perfectly clean. Until now, the inmates have been as healthy as this class of people are usually found to be.

The explanation of the rapid propagation and fatality of the disease after it had once gained admission, was believed to be mainly confinement and crowding. It was observed that the cholera was for several days exclusively among the women. The women had the smallest apartments, were most crowded in their cells, and, with few exceptions, were employed within the building in close contact with each other during the day. The men were employed mostly in the quarries, out doors.

On Wednesday, when the epidemic was at its height, the first of August, I gave my pledge to the Board of Commissioners and to Mr. Schultz, President of the Board of Health, in your presence, that I would drive the cholera from the Workhouse in from three to five days. I said this in no spirit of boasting, but in simple reliance on the well-known and established laws of Hygiene. The Commissioners executed literally and promptly every order which was given by the Committee.

The epidemic began to decline from the day they were fully carried out, and on Monday last the pledge was redeemed. The following is a summary of the sanitary means adopted :

The inmates were distributed as far as the vacant places in the building would permit; the cell doors were left open at night; the night-buckets were supplied with disinfectants and left outside; the women's cooking rooms were converted into hospital wards, and the women were kept out of doors from morning until night; corn meal and molasses were taken from the diet table; coffee, tea, and vegetables were added; at night each inmate was required to take whisky one ounce, water three ounces, tincture of capsicum fifteen drops. [These people are our city vagrants, and probably are habitually intemperate.] A variety of disinfectants were employed freely and constantly in every vessel and closet which received the excreta, even the excreta from the stomach were disinfected immediately after they were received into a vessel or fell upon the floor; stoves were placed in each hospital ward to insure a draft; all windows were kept open night and day; the clothing taken from cholera patients was sent directly to the boilers; a ward was established for patients with the diarrhœa, and the value of this measure is shown by the fact that of the large number received into this ward only one died. It was difficult, however, to persuade these poor creatures to report themselves at this stage of the disease.

From the Workhouse the cholera has spread to every other building on the Island, except, I think, to the "Madhouse," the pavilion attached to the Male Almshouse and the Fever Pavilion. In none, however, has it proved so fatal as in the Workhouse.

The same sanitary measures have been adopted, with slight modifications, in each department, but they cannot be applied with so much vigor to the Lunatic Asylum, the Almshouse, or the General Hospital. These buildings are all crowded, and the inmates cannot be scattered or turned out of doors; consequently, the cholera remains among them, but in a greatly mitigated form. In the Penitentiary it remained but two days.

Connected with the Almshouse are two well-constructed pavilions, lying side by side, separated only by a few feet and a brick wall 10 or 12 feet high. One is occupied by feeble old men, the other by the same class of old women. The only point of difference which I can discover is, that at the time of the outbreak of the cholera, the male pavilion contained only 62 persons, while the female contained 99. In the first there has not been one case of cholera, in the second 31 have died.

Of 14 house-physicians and surgeons employed in these several buildings, some of whom have been in constant attendance upon the sick, not one has suffered from the epidemic.

Very respectfully yours, FRANK H. HAMILTON, M.D.

Medical Intelligence.—An International Medical Congress at Paris, in connection with the exhibition of 1867, is proposed, under the direction of a central committee consisting of MM. Barthez, Broca, Longet, Robin, Tardieu and others. The plan of procedure will be announced hereafter, and the support of the medical press of all countries is desired.

A Baronetcy has been conferred by the Queen upon Dr. Watson, President of the Royal College of Physicians.

Dr. John Young, F.R.S.E., has been appointed to the chair of Natu-

ral History in the University of Glasgow, vacant by the death of our countryman, Professor Rogers.

Prof. Van-Beneden, of Louvain, has been appointed to the vacant place among the corresponding members of the Académie des Sciences in the Section of Anatomy and Physiology. The other names proposed for the honor were Filippi, Huxley, Leuckart, Pictet, Sass, Siebold and Vogt.

A case of death upon the operating table from fear of lithotomy is reported in the *Gazette des Hôpitaux* by M. Cazenave. The patient, who was a distinguished veterinary surgeon, fainted while in the hands of the assistants, and died in ten minutes.

The number of wounded in Vienna is so great that a wing of the palace at Schönbrunn has been devoted to the reception of officers, and the hotel-keepers have volunteered to care for a certain number in their houses gratuitously.

A recent number of Virchow's Archiv contains a highly interesting article by Landois, of Greifswald, on sudden blanching of the hair. The possibility of such an occurrence has been doubted by many, if not all eminent dermatologists of the present day, although several well-known instances are recorded in history. This question is now settled beyond any doubt by observations made by the author upon a case in Prof. Mosler's clinic. The patient was 34 years old, and was received at the hospital on account of delirium tremens. At the morning visit, on the fifth day of his stay, it was noticed by the visiting physicians and the patients that the hair upon his face and head had become gray. On looking at himself in a mirror, he exclaimed:—"Ach Gott, mir sind die Haare grau geworden!" Strange to say, the delirium vanished at the same time. A microscopic examination showed the presence of a great many minute air-bubbles at the white points, both in the cortical and central portions of the hair. The pigment was perfectly preserved throughout the whole shaft of the hair, and had undergone no change whatever. As the hair gradually is changed to gray the pigment disappears, but in this instance the rapid whitening during a single night was produced by the development of gas within the substance of the hair.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, AUGUST 25th, 1866.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	44	66	110
Ave. mortality of corresponding weeks for ten years, 1855-1865	51.2	49.4	100.6
Average corrected to increased population	00	00	110.56
Death of persons above 90	0	0	0

DEATHS IN BOSTON for the week ending Saturday noon, Aug. 25th, 110. Males, 44—Females, 66. Accident, 2—aneurism, 1—disease of the bowels, 1—congestion of the brain, 2—disease of the brain, 3—inflammation of the brain, 2—bronchitis, 2—cholera infantum, 14—cholera morbus, 1—consumption, 16—convulsions, 1—croup, 1—cystitis, 1—diarrhoea, 2—diphtheria, 1—dropsy, 2—drowned, 2—dysentery, 14—epilepsy, 1—scarlet fever, 2—typhoid fever, 1—disease of the heart, 5—infantile disease, 3—disease of the kidneys, 1—inflammation of the knee, 1—disease of the liver, 2—congestion of the lungs, 2—inflammation of the lungs, 2—marasmus, 4—old age, 1—paralysis, 1—peritonitis, 1—premature birth, 1—rheumatism, 1—scrofula, 1—disease of the spine, 1—tabes mesenterica, 1—teething, 1—ulcers, 1—unknown, 7—whooping cough, 1.

Under 5 years of age, 45—between 5 and 20 years, 6—between 20 and 40 years, 28—between 40 and 60 years, 19—above 60 years, 12. Born in the United States, 73—Ireland, 35—other places, 2.